

00684.003278.



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: P. B. Kim
Chidane OUCHI)	
	:	Group Art Unit: 2851
Application No.: 09/986,324)	
	:	Confirmation No.: 5125
Filed: November 8, 2001)	
	:	
For: PROJECTION EXPOSURE APPARATUS)	:	October 1, 2003
AND DEVICE MANUFACTURING)	:	
METHOD USING THE SAME)	:	

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND LETTER
FORWARDING SUBSTITUTE SPECIFICATION

Sir:

In response to the Official Action dated July 1, 2003, please amend the above-identified application as follows:



img 6

2851

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In re Application of:

Chidane OUCHI

Application No.: 09/986,324

Filed: November 8, 2001

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AND DEVICE MANUFACTURING
METHOD USING THE SAME

Examiner: P. B. Kim

Group Art Unit: 2851

Confirmation No.: 5125

October 1, 2003

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment and Letter Submitting Substitute Specification in the above-identified application.

☒ No additional fee is required.


The fee has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	10	MINUS	20	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	1	MINUS	3	= 0	x \$43 \$86	\$0.00
Fee for Multiple Dependent claims \$140/\$280						\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

- ☐ A check in the amount of \$ _____ is enclosed.
- ☐ Charge \$ _____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 CFR 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.
- ☐ A check in the amount of \$ _____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Steven E. Warner
Registration No. 33,326

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